



CITY OF GULFPORT
Urban Development - Planning Division
1410 24th Avenue
Gulfport, MS 39501
(228) 868-5710

APPLICATION FOR STREET NAME CHANGE

Property Information

For Staff Use Only

Case File #: _____

Date Received: _____

Receipt #: _____

Received By: _____

Zoning: _____

Ward: _____ Flood: _____

Size: _____

Current Name of Street Involved: _____

General Location: _____

GENERAL DESCRIPTION OF REQUEST:

CERTIFICATION:

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the applicant involved in this request or have authorization to act as the applicant's agent for the herein described request.

APPLICANT

AGENT

 Printed Name Of Applicant

 Printed Name Of Agent

 Mailing Address

 Mailing Address

 City State Zip code

 City State Zip code

 Home Phone Work/Cell Phone

 Home Phone Work/Cell Phone

 Email

 Email

 Signature of Applicant

 Signature of Agent

If there is more than one applicant, please check this box. In the case of multiple applicants, the reverse side must be completed. Each additional applicant will need to complete and sign the reverse of this application. We can only accept applications with original signatures.

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SECTIONS A. THROUGH H. MUST BE SUBMITTED FOR A COMPLETE APPLICATION

This page must be completed if there is more than one applicant. All persons listed as applicants must complete and sign this application.

CERTIFICATION:

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am an applicant involved in this request or authorized to act as the applicant's agent for herein described request.

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ **(W)** _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ **(W)** _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ **(W)** _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

(Use additional forms as needed)

IN CASES OF MULTIPLE APPLICANTS, PLEASE IDENTIFY THE PERSON WHO WILL BE ACTING AS YOUR SPOKES

PERSON/AGENT FOR YOU: _____

IMPORTANT NOTICE

1. Please be advised that failure to submit a complete application, with all supporting documents, could **delay your hearing date**. The Planning Commission will not consider a request until all information is submitted and accurate.
2. Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. The application is not considered complete until all required information from the applicant is available for review by the staff and coordinating agencies.
3. Please see reverse of this sheet to determine the deadline dates for filing your application.

SUBMISSION REQUIREMENTS

- A. **Page one of this application**, completed and signed.
- B. **Proof of ownership** (Copy of deed or affidavit, if applicable)
- C. If applicable, notarized proof of **authority to act as agent** for owner (Board Resolution, etc.)
- D. The City of Gulfport Planning Division Staff will notify, by letter, property owners adjacent to the requested action identified in this application using the Land Roll database from the County Tax Office. If you would like to have additional persons or property owners notified, please provide a list of **additional persons to be notified**.
- E. Provide a **list of all parcels abutting the street** where the name change is requested.

F. Provide a **written statement** addressing the following:

- Explain the need for the street name change
- State the purpose for the request and what problem(s) the name change will correct
- How the street name change will impact:
 - Transportation and Access
 - Fire and Police protection
 - Other public facilities
- Why the proposed street name change will not create a traffic hazard.

G. **Site plan**. Please note that approval of your request, in part, is based on your site plan which must address the following items:

- The street to be renamed (beginning to ending points).
- The property lines and dimensions and street width have been provided on the drawing.
- All parcels of land abutting the street to be renamed noting addresses or vacant.
- Other pertinent information which would provide an understanding of the requested action.

H. **Cash or check** payable to the City of Gulfport in the amount of **\$125.00**.



City of Gulfport
Zoning Board of Adjustments & Appeals & Planning Commission

2014 MEETING DATES & APPLICATION DEADLINES

Zoning Board and Planning Commission meetings are on Thursdays in the Council Chambers at the Gulfport City Hall located at 2309 15th Street. Zoning Board meetings begin at 3:00 p.m. and Planning Commission meetings begin at 4:30 p.m. You will be notified by letter of the time and location that your request will be considered.

Meeting Dates

Zoning Board	Planning Commission	Deadline Date
January 16, 2014	January 23, 2014	December 4, 2013
February 20, 2014	February 27, 2014	January 7, 2014
March 20, 2014	March 27, 2014	February 4, 2014
April 17, 2014	April 24, 2014	March 4, 2014
May 15, 2014	May 22, 2014	April 1, 2014
June 19, 2014	June 26, 2014	May 6, 2014
July 17, 2014	July 24, 2014	June 3, 2014
August 21, 2014	August 28, 2014	July 8, 2014
September 18, 2014	September 25, 2014	August 5, 2014
October 16, 2014	October 23, 2014	September 2, 2014
November 20, 2014		October 7, 2014
December 18, 2014		November 4, 2014

Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. Meeting dates listed do not guarantee your application hearing date. The application is not considered complete until all required information is available for review from the applicant and coordinating agencies. Dates, time and location are subject to change without notice. The remaining dates will be forthcoming.